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Report of the

Montana State Advisory Council on Food and Nutrition

November, 1992

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Montana State Advisory Council on Food and Nutrition

Created in 1991 by the Montana Access to Food and Nutrition Act, MCA Title 50, Chapter 49

STATE OF MONTANA

(406)444-2640 FAX # (406)444-2606

November 20, 1992

The Honorable Stan Stephens
Governor of Montana
Executive Office
State Capitol
Helena, MT 59620

Dear Governor Stephens,

We are pleased to submit to you the first annual report of the Montana State Advisory Council on Food and Nutrition.

The Advisory Council has prepared a necessarily brief but informative and useful report outlining the nature and scope of the problem of hunger in Montana. Also included is a review of the Council's work this past year as well as its recommendations for alleviating the worst aspects of hunger and inadequate nutrition in our state.

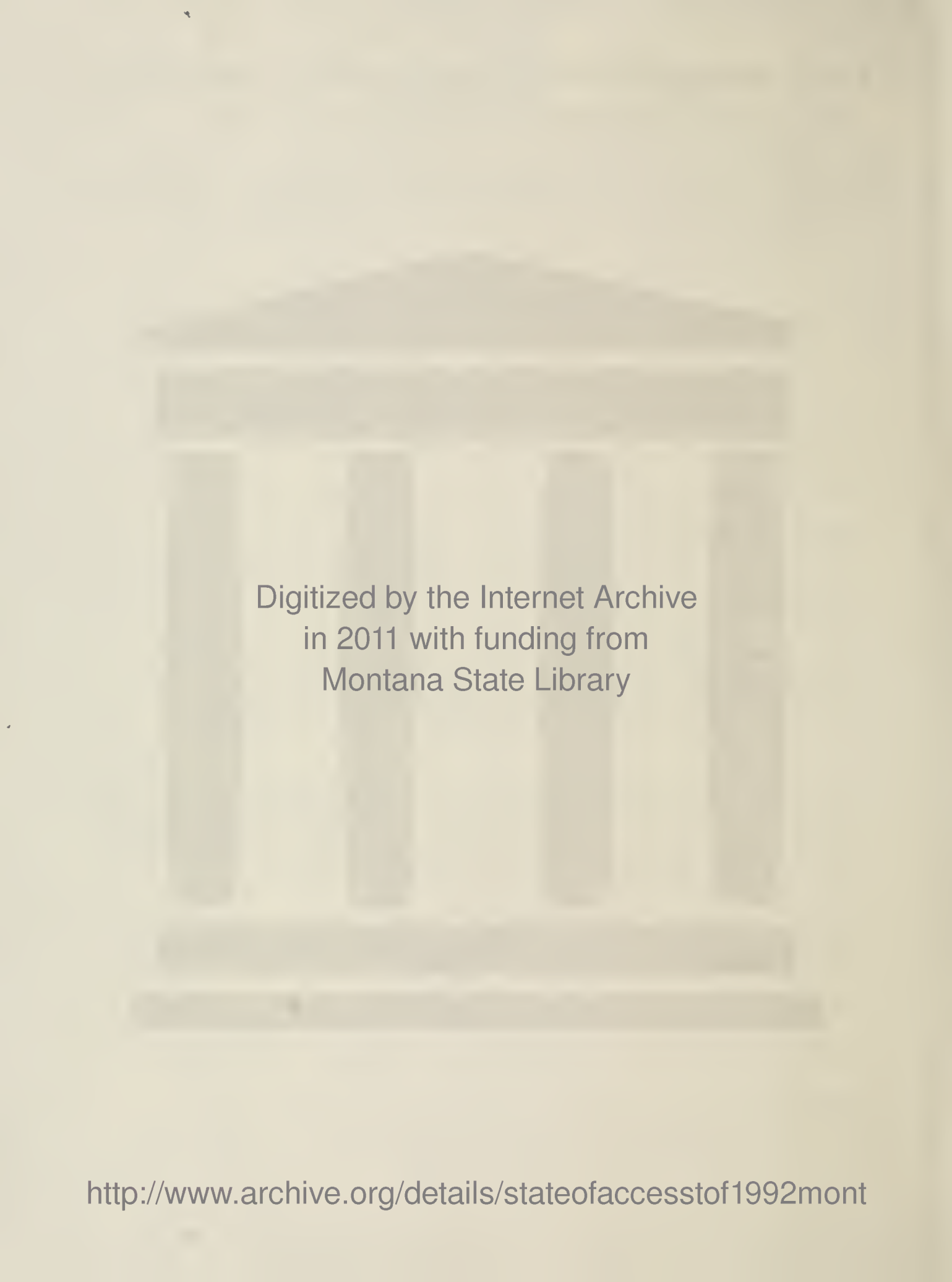
We recognize that Montana's available resources to combat hunger and poverty are severely limited at this time. We also recognize, however, that thousands of parents and their children in Montana are chronically at risk of hunger and/or inadequate nutrition. We have an obligation to do whatever we can to help them.

We can eliminate hunger and inadequate nutrition and their consequences in Montana. We urge you to help and we thank you for this opportunity to serve the citizens of Montana.

Sincerely,

William J. Carey

William J. Carey
Chair, Montana State Advisory Council on Food and Nutrition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This report is dedicated in memory of our late and beloved Council member John Ortwein. John was actively involved in efforts to reduce hunger in Montana since the start of such work four years ago. John was completely dedicated in his efforts to help the poor and hungry and gave willingly of his time and effort. He provided guidance and direction to the Council members and was unsurpassed in his understanding of public policy development. It was an honor to work with John Ortwein. He will be greatly missed by us all.

I PREFACE

This report was compiled by the Montana State Advisory Council on Food and Nutrition in accordance with Section 50-49-105 (2) MCA of the Montana Access to Food and Nutrition Act for the period of August, 1991 through August, 1992. The report contains an overview of the Council's mandated duties and responsibilities, activities and recommendations.

The eleven member Council was appointed by Governor Stan Stephens on August 30, 1991 under Executive Order 23-91. The Council was established for the purpose of realizing the policy of the state of Montana that all citizens should have access to food programs and nutrition services to prevent any needy citizen from experiencing hunger and poor nutrition and their impact on physical and mental health.

This document represents only a beginning. In its first year, the Council has worked at establishing goals and objectives. Additionally, the Council carried out a number of important activities. Recognizing hunger and nutritional needs are complicated issues that interact with a myriad of other factors and that there is need for further research, the Council has generated a series of recommendations to be considered by the governor, legislature, congressional delegation and state agencies.

II EXECUTIVE SUMMARY

During its first year, the Council addressed issues in accordance with mandated responsibilities. The Council accomplished the following:

- recognized public and private actions and individuals who significantly contributed to the reduction of hunger in Montana;
- participated in "*Silent Suffering: Hunger and Homelessness Conference*";
- promoted communication with state food and nutrition agencies and organizations;
- developed ***Feeding Montana***, a publication of public food assistance programs;
- supported ***The Medford Declaration to End Hunger in the U.S.*** and *Montana State WIC Breastfeeding Initiative*;
- collaborated with the University of Montana and the Montana Hunger Coalition to research the extent of hunger in Montana.

The work of the Council has been directed by a 1990 Montana Hunger Coalition report entitled, ***Hunger in Montana***. That reported documented:

- hunger has been on the increase in all Montana counties in recent years;
- families with young children living below the poverty level were most at risk for experiencing hunger;
- food and nutrition providers recognized hunger as a significant community problem that would continue to worsen in the near future because of deteriorating employment opportunities;
- more than one-half of the households studied did not participate in the food stamp program - the primary public program to reduce hunger;

- nonparticipation in public programs aimed at reducing hunger occurred because of the stigma of welfare and the long and complicated forms that are required for participation;

- volunteer efforts and donations of time, money and foodstuffs have significantly reduced hunger in many communities; and

- a majority of food and nutrition providers indicated they were unable to meet the hunger need in their local communities and that they were concerned that volunteer efforts would not be sufficient to meet the anticipated hunger needs of their locales.

Based upon the research and data collected by the Council members and staff, the Council makes the following recommendations:

- promotion of the Council as a contact for and facilitator of statewide food and nutrition policies;

- promotion of local food and nutrition organizations;

- collaboration of the Council with other agencies, organizations and advisory councils when appropriate;

- development of a comprehensive system of health data that includes nutrition surveillance and a state nutrition plan;

- continued acknowledgement of volunteer efforts to reduce hunger;

- continued funding of the public health nutritionist position;

- funding for health and human services positions;

- coverage of nutrition services by Medicaid;

- increased funding for commodities to include fresh fruits and vegetables and an educational component;

- funding for an in-depth study of childhood hunger in Montana;

- increased funding for the Expanded Food and Nutrition Education Program (EFNEP), The Emergency Food Assistance Program (TEFAP) and the Special Supplemental Food Program for Women, Infants and Children (WIC);

- support for universal free lunch for all school children;

- increased resource standard for recipients of Aid to Families with Dependent Children (AFDC) and Food Stamps;

- increased Food Stamp benefits;

- increased funding for home-delivered meals for the elderly;

- incorporation of dietary guidelines into public food assistance programs;

- incorporation of nutrition education, as part of comprehensive health enhancement, into K-12 curriculum; and

- restoration of the Nutrition Education and Training (NET) coordinator position.

III STATEMENT OF THE PROBLEM

Hunger in Montana is both pervasive and subtle. Far too frequently, Montana families have no money to purchase food and must ask charitable organizations, churches, relatives or friends for food.

Hunger knows no boundaries, from the young to the old, from Native Americans to recent immigrants, from working people to those receiving general assistance.

A particularly vulnerable group is the young. Nearly half of the people for whom food banks and pantries throughout the state provide emergency food are under 18 years of age. These Montana families, these Montana children must sometimes skip meals during the month or eat the same nutritionally inadequate meal two or three nights in a row. For many, this is not a temporary condition - it has become a way of life.

The problem is not a lack of food. There is an abundance of food. It is the policy of the state of Montana that all citizens shall have access to food programs and nutrition services. However, for many Montanans, access to food programs and nutrition services is not a reality.

What prevents Montanans from gaining access? Two problems seem to exist. First, barriers such as lack of knowledge about programs and services, transportation and "independent spirit" often prevent Montanans from seeking assistance when needed or gaining access to existing food programs and nutrition services.

And second, larger social and economic issues impact access to food and nutrition services. Poverty, lack of education and job training, expensive health care, inadequate day care and a shortage of affordable housing contribute to the risk of hunger and inadequate nutrition.

We can and we must end this tragic situation. We must recognize that in this, the wealthiest of nations, there is no reason for a child to go to bed hungry or for a mother to cry because she has no breakfast for her children. The key is to develop a political vision which eliminates hunger and minimizes barriers to service.

This report provides a better understanding of the nature of hunger in Montana. It contributes to the eventual elimination of hunger an poverty in our state.

IV MISSION STATEMENT

To eliminate hunger and promote health through nutrition for all Montanans.

V HISTORY OF THE COUNCIL

The State Advisory Council on Food and Nutrition was created by the 1991 State Legislature under the provisions of HB-728. The formation of the Council was one of three major outcomes of the bill. The bill was developed by the Montana Hunger Coalition and was sponsored by Representative Bob Ream, D-Missoula and co-sponsored by 26 other state legislators.

The Montana Hunger Coalition conducted a study of hunger in Montana and in October, 1990 published its report. The report identified six major areas that required action at the state level through various state agencies and the legislature.

- **CREATE A STATE COUNCIL ON FOOD AND NUTRITION** - Monitor hunger and nutrition in the state, coordinate all food assistance programs and educate the public on the status of hunger and malnutrition in Montana.

- **START A FOOD STAMP OUTREACH PROGRAM** - Develop a public education program to inform those who are eligible for food stamps to participate in the program. Assistance should also be given in applying for food stamps.

- **ENHANCE TRAINING OF THE FOOD STAMP PROGRAM STAFF** - Add to the existing training programs of food stamp office staff, in order to increase sensitivity to the problems of food stamp clients.

•**PROVIDE WIC** (Women, Infants and Children Supplemental Food Program) **PROGRAMS IN ALL MONTANA COUNTIES** - Ensure that the WIC Program is provided in those counties not served.

•**INCREASE ACCESS TO SCHOOL FOOD PROGRAMS** - Provide funding to increase school food programs in order to feed children of low-income families in Montana.

•**ESTABLISH A POSITION OF A STATE NUTRITIONIST** - Create the position of state nutritionist under the Montana Department of Health and Environmental Sciences in order to provide nutrition services to high-risk populations in Montana.

Based on the above recommendations, the Montana Hunger Coalition explored options for meeting them. The Office of Aging Services adopted the Food Stamp Outreach Program. The Department of Social and Rehabilitation Services implemented the food stamp staff education program. The remaining four recommendations were combined to form a single piece of legislation: HB 728.

HB 728 - An act providing for accessibility to food programs and nutritional services; establishing a State Advisory Council on Food and Nutrition; creating the position of Public Health Nutritionist; mandating the extension of the WIC Program to every county; and appropriating money to the Department of Health and Environmental Sciences for nutritional services.

The above bill was passed by the 1991 State Legislature. The State Advisory Council was established under the auspices of the Montana Department of Health and Environmental Sciences. The Department provided funding to hire the Public Health Nutritionist.

VI COUNCIL MEMBERSHIP

The Council is comprised of representatives, serving staggered three-year terms, from the following agencies or groups:

•the Department of Social and Rehabilitation Services Food Stamp Program;

- the Department of Health and Environmental Sciences WIC Program;
- the Office of Public Instruction School Food Service Programs;
- a statewide organization active in food, nutrition and hunger issues;
- the local food bank programs;
- the food and nutrition programs for the elderly;
- the general public;
- the Montana State University Extension Service;
- a Native American;
- a member of the house of representatives; and
- a member of the senate.

COUNCIL MEMBERSHIP: AUGUST, 1991 - AUGUST, 1992

Jack Thompson - Supervisor, Montana Food Stamp Program, Department of Social and Rehabilitation Services, Helena, Montana.

David Thomas - Director, WIC Program, Department of Health and Environmental Sciences, Helena, Montana. Served as Council Secretary.

Gary Watt - Director, Division of School Food Services, Office of Public Instruction, Helena, Montana.

Minkie Medora - President, Montana Hunger Coalition, Missoula, Montana.

William Carey - Director, Missoula Food Bank, Missoula, Montana. Served as Council Chair.

Judy Morrill - Director, Gallatin County Senior Nutrition Program, Bozeman, Montana.

Sid Rispens - Public Representative, Buttrey Food Store, Helena, Montana.

Lynn Paul - Food and Nutrition Specialist, Montana State University Extension Service, Bozeman, Montana.

Arlene Templer - Program Manager, Elder Nutrition Program, Salish and Kootenai Tribes, St. Ignatius, Montana. Served as Council Vice-Chair.

Jim Rice - State Representative, Helena, Montana.

Ethel Harding - State Senator, Polson, Montana.

VII POWERS AND DUTIES

Powers and Duties of the Council include:

- advise all state agencies on policies to coordinate the operation of public and private food assistance programs;
- educate the public as to the problems and needs of hungry citizens;
- provide a forum for review and discussion of state policies affecting hunger, food programs, and the status of nutrition for the population at risk;
- promote food assistance programs within the private and agricultural sectors of Montana's economy;
- recognize public and private actions and individuals who significantly contribute to the reduction of hunger in Montana; and
- annually report to the governor on the state of access to food and nutrition in Montana.

VIII COUNCIL PRIORITIES

- Facilitate communication and cooperation between the agencies administering food assistance programs (public and private) to increase access to food, reduce hunger and improve nutrition.

- Educate all Montanans about the nature and extent of hunger in the state, as well as alleviate the social stigma associated with food programs.

- Recommend and support policy initiatives to address hunger problems.

- Serve as a clearinghouse for successful strategies and information to eliminate hunger and improve nutrition.

- Conduct/cooperate in basic, on-going research to determine who is hungry in Montana, to what extent, and services to alleviate hunger.

- Identify and review operations and policies of food and nutrition programs .

- Evaluate outreach efforts of public food programs for effectiveness in reaching underserved populations.

- Recognize individuals/programs who have demonstrated a strong commitment to improving food access and nutrition services.

IX COUNCIL ACTIVITIES

EDUCATION AND COMMUNICATION

The Council provided a forum for presentations by state and local agencies designed to eliminate hunger and improve the nutritional status for Montanans. The presentations provided Council members with insight into the problem of accessing

food and nutrition and the efforts of agencies to eliminate the problem. The presentations also allowed the Council to formulate priorities.

AWARDS

The Council identified 16 Montanans who deserve recognition for their extra effort in helping provide food to hungry Montanans. The certificates of recognition were bestowed during ceremonies held by local officials throughout the state. Certificate recipients are noted in Appendix A.

DECLARATIONS AND PROCLAMATIONS

The Council signed ***The Medford Declaration to End Hunger in the U.S.*** (see Appendix B) and supported the *Montana State WIC Breastfeeding Initiative* which states, "valid and consistent breastfeeding education and support will be available to all women so they can make an informed decision regarding their choice of infant feeding".

"FEEDING MONTANA"

The Council developed the document, ***Feeding Montana,*** a compilation of public food assistance programs in Montana. ***Feeding Montana*** serves as a resource for providers in making referrals for individuals requiring assistance.

CONFERENCE ON HUNGER AND HOMELESSNESS

The Council, in cooperation with the Montana Hunger Coalition and the Montana Food Bank Network planned and conducted the third annual *Conference on Hunger and Homelessness* held at Montana State University in May, 1992. The focus of the conference was to increase awareness of the needs of the hungry and homeless and to find solutions for meeting those needs. Council members participated in a panel discussion to present information regarding the Council and to answer questions from conference participants.

COMMUNITY SURVEY OF FOOD AND NUTRITION ISSUES

The public health nutritionist developed a set of ten questions to be utilized when meeting with local food and nutrition providers around the state. The nutritionist used the information from the survey to inform Council members of the common food and nutrition needs throughout Montana and the activities of local citizens to address these needs. See Appendix C for a report of the community survey.

X RESEARCH FINDINGS

A major goal of the Council is to participate in and support research projects aimed at the problems of accessing food programs and nutrition services. Members of the Council are involved in efforts to determine the nature and scope of hunger in the state and the services available to reduce hunger. Additionally, studies to assess nutritional status and the state of access to nutrition services are being designed. Members of the Council are working in collaboration with the Montana Hunger Coalition on several projects at the present time and will be further involved with future research projects.

PREVIOUS RESEARCH ON HUNGER IN MONTANA

The work of the Council has been directed by a report entitled, ***Hunger in Montana***, published in 1990 by the Montana Hunger Coalition. That report was based on a study of 56 counties in Montana and included the following components:

- 14,522 households participating in a food distribution program under the auspices of TEFAP (The Emergency Food Assistance Program);

- 5,681 households participating in food distributions by food banks and Human Research Development Councils; and

- 64 food and nutrition providers working in public and private agencies.

Hunger in Montana documented that:

- hunger has been on the increase in all Montana counties in recent years;

- families with young children living below the poverty level were most at risk for experiencing hunger;

- food and nutrition providers recognized hunger as a significant community problem that would continue to worsen in the near future because of deteriorating employment opportunities;

- more than one-half of the households studied did not participate in the food stamp program - the primary public program to reduce hunger;

- nonparticipation in public programs aimed at reducing hunger occurred because of the stigma of welfare and the long and complicated forms that are required for participation;

- volunteer efforts and donations of time, money and foodstuffs have significantly reduced hunger in many communities; and

- a majority of food and nutrition providers indicated they were unable to meet the hunger need in their local communities and that they were concerned that volunteer efforts would not be sufficient to meet the anticipated hunger needs of their locales.

PRESENT RESEARCH STUDIES

The Council is participating with the Montana Hunger Coalition on the following:

- **replication and extension of the earlier TEFAP study** - designed to extend our knowledge of the nature and extent of hunger and will further include data on housing costs and health-related issues;

- **study of participants in the FDIR (Food Distribution on Indian Reservations) Program in Montana** - sponsored jointly by the United States Department of Agriculture and represents the first systematic study of hunger, food distribution and health-related problems on Montana's Indian reservations; and

- **study of food providers working under the auspices of food banks, food pantries and congregate meal sites** - designed to determine whether the incidence of hunger is changing in local communities, whether sufficient foodstuffs are available and whether prospects for the near future are changing.

A FUTURE STUDY

Several members of the Council will be participating in a proposed study of hunger among elementary school children in Montana. This study is particularly urgent because families with young children are most at risk for hunger in Montana. The Montana Hunger Coalition will undertake the major responsibility of designing

and conducting this study with the collaboration of the Council, the Office of Public Instruction and the Montana Dietetic Association.

XI RECOMMENDATIONS

The following recommendations were formulated on the basis of the Council's expertise, research and data collection by Council members and staff.

PARTNERSHIPS

- Promotes the State Advisory Council on Food and Nutrition as a contact for and facilitator of statewide food and nutrition policy.

- Promotes regional/local community food and nutrition organizations as a means of addressing problems locally.

- Endorses the bulletin ***Food and Nutrition Exchange: Who's Doing What...*** as a means of informing food and nutrition providers throughout Montana of important activities.

- Promotes the development of a comprehensive system of nutrition surveillance for all population groups.

- Facilitates the development of a comprehensive state nutrition plan.

- Encourages the acknowledgement by state and local organizations of volunteers who diligently tackle hunger in Montana.

FUNDING

- Strongly recommends the Montana Department of Health and Environmental Sciences continue funding the public health nutritionist position.

- Advocates sufficient funding to adequately staff health and human services agencies.

- Encourages the Montana Department of Social and Rehabilitation Services to more thoroughly explore the option of full coverage for nutrition services under Medicaid.

- Ask Montana's Congressional delegation to support USDA's ability to use commodities to meet the dietary guidelines, such as the incorporation of fresh fruits and vegetables, and to add a nutrition education component to the commodity program.

- Recommends a more in-depth, comprehensive study to provide a clearer picture of the state of access to food and nutrition in Montana, especially for children.

- Recommends Montana's Congressional delegation support increased federal funding for the Expanded Food and Nutrition Education Program (EFNEP).

- Recommends Montana's Congressional delegation support increased federal funding for the Emergency Food Assistant Program (TEFAP).

- Strongly encourages the Montana Congressional delegation to support the concept of universal free lunch for school children.

- Advocates increasing the resource standard and allowing more flexibility in determining resources for Aid to Families with Dependent Children (AFDC) and Food Stamp recipients.

- Supports increased Food Stamp benefits to more accurately support adequate nutrition on a long-term basis, rather than continuing to base benefit amount on the Thrifty Food Plan.

- Recommends state general funds be considered for enhancing the provision of qualified, competent local WIC agency staff.

- Recommends Montana's Congressional delegation support increased federal funding through Older Americans legislation for home-delivered meals to the elderly.

EDUCATION

- Strongly encourages the School Food Service Program, the Child and Adult Care Food Programs and the Senior Nutrition Programs continue with efforts to incorporate the dietary guidelines into their meal patterns and educational strategies.

- Recommends the Office of Public Instruction (OPI) incorporate nutrition, as part of comprehensive health enhancement, into the K-12 curriculum.

- Recommends the superintendent of education restore the position of Nutrition Education and Training (NET) coordinator to OPI.

- Recommends increased emphasis on the nutrition education components of the Food Stamp and Food Distribution programs.

APPENDIX A

Montana State Advisory Council on Food and Nutrition: 1992 Awardees

•Al Anderson	private citizen, volunteer, Helena Food Share
•Sue Brewer	School Food Service, Billings
•Gordon Davidson	Department of Social and Rehabilitation Services, Helena
•Kent Elsworth	Area XI agency on Aging, Missoula
•John Gillespie	Department of Social and Rehabilitation Services, Helena
•Gerry Halstead	Area V Agency on Aging, Anaconda
•Jerry Hannon	Malta Food Bank
•Chet Kinsey	private citizen, truck farmer, Helena
•Mary Martin	District HRDC, Bozeman
•Gladys Miller	volunteer, Poverello Center, Missoula
•Bill Olson	Libby School District
•Jim Reidlinger	Bonner Public Schools
•Cynthia Stevick	Food Stamp Outreach Program, Helena
•John Trangmore	Migrant Program, Glendive
•Tom Williams	CEO, TNT United Truck Lines, Spokane
•Brad Yuhas	private citizen, volunteer, Helena Food Share

APPENDIX B

The Medford Declaration to End Hunger in the U.S.

THE MEDFORD DECLARATION TO END HUNGER IN THE U.S.

ENDORSEMENT FORM

I endorse the Medford Declaration. I may or may not agree with specific principles, policies, or strategies, but I agree with the Declaration itself...it is time to end hunger in our country.

☒ Please list me as an endorser for my organization.

☐ Please list my title for purposes of identification only.

Signature: William Carey

Print Name: William Carey

Title: Chair

Organization: Montana State Advisory Council on Food and Nutrition

Address: Montana Department of Health and Environmental Sciences

Room C-314 Cogswell Building

City: Helena State: MT Zip: 59620

Phone: (406) 444-2640 Fax: (406) 444-2606

Comment:

Please return to:

The Medford Declaration
Center on Hunger, Poverty and Nutrition Policy
Tufts University
132 Curtis Street
Medford, MA 02155

APPENDIX C

ASSESSMENT OF COMMUNITY FOOD AND NUTRITION CONCERNS

INTRODUCTION:

To more fully understand the food and nutrition concerns experienced at the local level, the public health nutritionist with the Montana Department of Health and Environmental Sciences (MDHES) visited with food and nutrition providers in 23 communities and reservations around Montana. She interviewed over 120 individuals such as public health nurses, dietitians, senior nutrition program staff, Headstart staff, school meals staff, food bank personnel, county extension agents, WIC staff, HRDC representatives, commodities personnel and others involved in the delivery of food and nutrition information.

The following communities were visited: Anaconda, Baker, Billings, Circle, Conrad, Crow Agency, Forsyth, Glasgow, Glendive, Great Falls, Harlowton, Havre (including the dietitian from Rocky Boy and Fort Belknap), Kalispell, Lame Deer, Lewistown, Livingston, Malta, Miles City, Roundup, Sidney, St. Ignatius, White Sulphur Springs and Wolf Point.

The intent of the assessment was to determine food and nutrition problems encountered, resources and barriers in dealing with those problems, the extent of collaboration taking place at the local level and how MDHES can work **with** local providers to more effectively address the problems. From the information gathered in this assessment, the public health nutritionist will be able to develop a plan of action and objectives. It should be noted, that as funding allows, this assessment process needs to be on-going. Each year, the public health nutritionist will visit a sampling of communities to ensure the plan of action is still meeting the needs of the local communities.

METHODOLOGY:

The public health nutritionist developed a set of ten (10) questions that was utilized uniformly throughout the state. Meetings were arranged as follows. In most communities (the exceptions being Billings, Great Falls and Kalispell), the nutritionist contacted the public health nurse in that community and asked her to invite persons

who have involvement with the programs noted above. In addition, the public health nutritionist also contacted dietitians in the various communities and asked them to attend the meetings. The turnout for these meetings was quite positive with four to six people at most meetings; in one community, there were 12 people. In Great Falls and Billings, the nutritionist made individual visits to various agencies. In Kalispell, the public health nutritionist, rather than the public health nurse in that community, invited all those who attended the meeting.

In general, people were very receptive to the questions asked and were quite open and honest in their responses. There seems to be many similarities in the problems people are experiencing while at the same time, many communities encounter problems unique to them. Overall, the local response to the food and nutrition problems is very encouraging. There are an incredible number of people working in innovative ways to address the problems in the face of resource constraints, social problems, traditional values and beliefs, misinformation and lack of education.

Despite their efforts, there still exists a number of unmet needs. To the extent possible, the public health nutritionist is incorporating recommendations to meet these unmet needs into her objectives for 1992. Those objectives are found at the end of this report. Many of the recommendations made will require either more time or involvement of organizations other than MDHES; it should be noted that in a number of objectives, other organizations are cited as collaborating on activities. The nutritionist will incorporate these recommendations into long-term plans and will share concerns with appropriate organizations. A further venue for a number of the recommendations is the annual report on the "state of access to food and nutrition" to the governor to be prepared by the State Advisory Council on Food and Nutrition.

RESULTS:

The results of the survey will be presented as they pertain to each of the ten questions asked.

1. What are the most common food and nutrition problems for your community?

Many of the problems noted are inter-related. Over and over again, it was noted that people are making "poor" food choices. In particular, people opt more for high-fat foods like fast foods, high-fat snacks and pre-packaged meals rather than high fiber foods like fruits and vegetables. There were numerous reasons stated for this trend. They include: access and price of fruits and vegetables, the notion of "it's not a meal unless it's meat and potatoes", little or no time for meal preparation, lack of structured meal times - people "graze", people don't understand the need to

eat well, people lack cooking and shopping skills, nutritious food choices are not a priority, people not sold on the concept of prevention and the difficulty in translating knowledge into behavior.

As a result of the food choices noted above, communities are reporting a high incidence of chronic diseases. Most notable were diabetes and obesity. A special concern regarding diabetes is the problem of complying with the diet often because of an inability to purchase foods for financial reasons or unavailability. Many communities were alarmed at the incidence of obesity in kids and the contributing factor of inactivity. Other chronic diseases mentioned include hypertension, heart disease and osteoporosis.

As noted above, many communities were concerned about the incidence of obesity in children. The concern for children extends beyond weight. It is with this age group, that people most often expressed concern about food choices and the availability of food. There is a general consensus that kids are becoming more knowledgeable about food, but again, are not putting their knowledge into practice; often times, parents are not providing the choices. Another problem facing children that numerous communities cited was hunger - kids coming to school in the morning hungry. In older kids, eating disorders are emerging as a problem in many communities and weight loss amongst wrestlers and dietary habits of young athletes in general continue to be a problem.

For the WIC-aged population, anemia and underweight are persistent problems. In one community, 75% of the WIC participants were anemic. The problems noted most often for pregnancy were late pre-natal care and inadequate weight gain related to income and social problems. As with commodities and food stamps, the WIC foods do not last the month. In some cases, mothers are over diluting the formula to make it last the month.

The issue of hunger was noted as having a greater impact on children and older adults. People do not seem to be accessing food assistance programs for a number of reasons. People who are not in the "system" don't know how to access it when they need it. The application process is lengthy. There is a social stigma attached to the programs. People lack awareness of the programs and how to access them. A lot of older adults do not participate because they say it is "just not worth it" or they feel they should leave the resources for others who "really" need them.

In addition to not accessing food assistance programs there were numerous concerns expressed regarding older adults. Many do not eat regularly - the meal at the senior center or the meal from meals-on-wheels is often the only meal eaten for the day. Many do not participate in the senior meals program for a couple of

reasons. In some communities, those who do participate have formed cliques of sorts and others do not feel welcome. People often feel they are not "old" enough to participate or they prefer to take their meals at local restaurants.

There was a perceived need by many communities for the services of a registered dietitian (RD) for the senior meals program. Actually, this need was also expressed regarding school meals. RD services are available for individual counseling in most communities through hospitals or clinics and the majority of physicians do make referrals. However, because the services of the RD are not reimbursed by most insurance companies or by Medicaid, many people cannot afford the services and opt not to take advantage of them. This was a major concern in a number of communities. In addition, there are a number of communities for which there are no services available by a registered dietitian.

2. How are you addressing these problems?

As noted in the introduction of this report, the local response to food and nutrition problems is very encouraging. Despite numerous barriers, people are working in innovative ways to address the problems. The day-to-day operation of the public health departments, the senior nutrition programs, the Headstart programs, the school meals programs, the food banks, the WIC programs, the county extension offices, the HRDC offices, the commodity programs are the crux for addressing the problems.

Some of the specific activities of these programs include: community talks, community education through work with grocers, outreach activities to encourage participation in programs, 4-H and homemaker groups, community blood pressure screenings, health fairs, community coalitions, community-based weight loss programs, exercise and wellness programs, collaboration and cooperation between agencies, prenatal programs, newsletters and other printed materials, and involvement in the community and schools by dietitians, public health nurses and county extension agents.

3. What barriers do you encounter when trying to address these problems?

Many of the barriers noted are those that would be expected in a large rural state like Montana. The very nature of a rural state results in barriers of distance to services including grocery stores that offer a variety of healthy foods at a cost that is affordable.

A major barrier noted over and over again was a pride that keeps many individuals eligible for various public food assistance programs from participating in them. Additional terms used to describe the barriers that keep people from

participating were stubbornness, prejudice, stigma and "Eastern Montana mentality". This seems to be of particular concern in smaller communities where "everyone knows everyone". Besides the attitudes noted above, other factors that keep people from participating in programs were the concept of government and welfare programs, intimidation by the forms and people are not always aware of the services.

There are programmatic barriers - time, money, resources and the bureaucracy of the "system". A few communities noted opposition by school boards and/or county commissioners in providing services or programs like school meals.

There are a myriad of barriers that affect the problem of inappropriate food choices. There is misinformation or a lack of education. It was noted that change is always difficult and people lack the motivation or desire to change. There is often a lack of familial support for dietary change, especially for diabetics. There does not appear to be great deal of interest in the prevention of nutrition-related chronic diseases. There are also religious beliefs, cultural habits, language barriers and social problems. An encouraging comment was that we are "trying to turn our barriers into assets".

4. With which other agencies in your county are you cooperating to address these problems? or To what extent are you cooperating with the other agencies represented at this meeting?

In general, there appears to be an adequate amount of cooperation happening. People said things like "economics are forcing collaboration" and "we don't view each other as competition" making cooperation much easier. A number of communities have health coalitions, human service coalitions, nutrition councils, etc. that meeting with varying degrees of regularity to keep each other informed of their programs and services. It seems agencies are attempting to avoid duplication of services and making referrals when appropriate. Public and private sectors are working together in most communities.

However, there were perceived needs by a number of communities for more cooperation and collaboration. As someone put it, "we need to educate ourselves to know what is available in the community". In smaller communities, while it seemed the various food and nutrition providers knew each other, they were not necessarily aware of the services provided by and the resources available through the various agencies.

An exciting result of the meetings, held as part of this assessment, was a number of communities that saw the need for on-going discussion between their

agencies. MDHES, along with the MSU Extension Service, will be working with interested communities to facilitate this process.

There was one barrier noted as preventing cooperation between agencies. The actual providers of services would like to be working together on projects, but they encounter administrations that are not particularly keen or are even promoting competition between agencies in attempt to increase profit. Unfortunately, at times this results in spreading resources too thinly.

5. Where do people in your community get nutrition information?

People were given a list of options. In many cases, responses were qualified. For each option, the number of communities responding affirmatively is indicated. Also indicated are qualifying comments.

- schools - 17 - several communities noted that the amount of nutrition education in schools is minimal and in many cases what is being done is being done by dietitians or county extension agents
- hospitals - 17 - inpatient and outpatient education as well as community programs
- wellness programs - 8
- registered dietitian - 18 - in some cases this is on a consultive basis with a dietitian who visits a few times a month from a larger city
- media - 20 - often the main source of misinformation - some communities do have good relationships with the media that allows for coverage when needed - county extension agents often do radio programs or newspaper articles
- extension - 16
- physicians - 19 - often a source of misinformation - the extent of RD referral varies
- nurses - 6 - more likely to refer to the dietitian or county extension agent - information that is provided is often during the course of well child clinics or home-health visits
- chiropractors - 7 - often prescribing high doses of vitamins

Other sources included the following: diabetes support group, Weight Watchers, TOPS, American Cancer Society, library, senior centers, health fairs, Diet Center, friends, family, "Made Healthy in Montana" (MDA newsletter), Headstart, food banks, Overeaters Anonymous, Beef Council and dentists.

6. In your community, is there a dietitian who consults for the following?

People were given a list of options. For each option, the number of communities responding affirmatively is indicated.

- schools - 0
- group homes - 6
- nursing homes - 18
- senior nutrition program - 1

7. Which of the following are available in your community?

People were given a list of options. For each option, the number of communities responding affirmatively is indicated. This question was not asked in Billings or Great Falls.

- food stamps - 21
- school breakfast - 14
- special summer feeding program - 8
- meals-on-wheels - 21
- soup kitchen - 4
- commodities - 21
- Headstart - 14
- child day care food programs - 17
- school lunch - 21
- food pantries - 20
- EFNEP - 1
- WIC - 21
- extension - 18

8. How do people learn about these programs?

The majority of people learn about these programs through word-of-mouth. The second most common response was referral. Other responses included advertising/media, newsletters, community talks, posters, flyers, public notices, pamphlets, and county or health fairs. A few communities felt they could be doing more to get the word out about these programs.

9. To what extent do eligible people participate in these programs?

It was difficult for most communities to quantify the extent of participation, but there seemed to be a prevailing sense that most programs are underutilized. Reasons for under-utilization are primarily the barriers noted above. Pride of the individual and the stigma attached to government programs appear to be the primary reasons for not participating. Again, communities acknowledge they need to be doing more in the way of outreach.

10. How can MDHES and the public health nutritionist work with you to address these problems?

This question provided the greatest number of responses. Many of the suggestions made are tasks the public health nutritionist has incorporated into the 1992 objectives and will be incorporating others into future and more long-term plans. On the other hand, some of the suggestions were broader in scope and will be appropriately referred to organizations more involved with the issues of concern. In effect, a number of the suggestions require collaboration between a number of groups; the public health nutritionist is situated to facilitate the coming-together of these groups.

The primary need expressed was a means of collaborating and coordinating activities across the state; there is a need to network with other programs and agencies. To meet this need, a "newsletter" that crosses program boundaries was suggested. The public health nutritionist has created the ***Food and Nutrition Exchange*** to serve as a forum for the exchange of ideas and activities. People would like more information on available resources; the dissemination of this information will be coordinated with the Montana State University Extension Service. People are seeking guidance on how to form local food and nutrition councils or coalitions.

Another area of concern was the need for wide-spread dissemination of basic nutrition information aimed at promoting healthier choices and correcting misinformation. This issue will be addressed through an MDHES public information campaign. For this purpose, the public health nutritionist has formed a coalition to develop a five-year plan. The coalition is comprised of public and private sector nutrition education providers. One of the aims of such a campaign is provide local providers with the resource tools they are currently lacking.

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